



**Rhode Island Department of
Health**

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www.health.ri.gov

Interim Health Advisory

Date: June 10, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on Surveillance of H1N1 (Swine) Influenza in RI

Provider advisories will be issued on Wednesdays. Updated items are in bold text.

Please check web resources for most up to date guidelines at:

<http://www.health.ri.gov/pandemicflu/swineflu/provider.php> or <http://www.cdc.gov/h1n1flu/guidance/>

Report clusters and outbreaks in group residences, nursing homes, assisted living and congregate settings (i.e. camps, daycares, etc.) immediately to HEALTH's Center for Epidemiology and Infectious Diseases at 401-222-2577(8:30am–4:30pm) or 401-272-5952 (4:30pm–8:30am). Directions for specimen collection will be given at this time for surveillance and testing decisions.

HEALTH will continue to approve testing for patients admitted to the hospital with an ILI. Please call 222-2577 OR 272-5952 for hospitalized patient with ILI.

HEALTH is no longer testing in emergency departments and general ambulatory settings for routine Influenza-like Illness (ILI). We are no longer considering travel history as a criterion. Please treat based upon your clinical diagnosis and judgment. Treatment and prophylaxis guidelines can be viewed on HEALTH's website.

Specific advice for providers regarding the need for testing or treatment of H1N1 in pregnant women can be accessed by calling Women and Infants' Hospital of Rhode Island (401-274-1100) and asking to have either the maternal fetal medicine physician or the obstetric medicine attending on call paged. This expert physician consultation will be able to advise regarding antiviral treatment and be able to facilitate influenza PCR testing.

CDC Definitions

- **Cluster:** Two or more cases of acute febrile respiratory illness (AFRI) occurring within 48 to 72 hours, in residents who are in close proximity to each other (e.g., in the same area of the facility).
- **Outbreak:** A sudden increase of AFRI cases over the normal background rate or when any resident tests positive for influenza. One case of confirmed influenza by any testing method in a long-term care facility resident is an outbreak.

Influenza-like Illness is defined as fever, cough and/or sore throat in the absence of a known cause other than influenza. Though there is concern for H1N1 (swine) influenza, there are currently also many respiratory viral illnesses circulating, including Respiratory Syncytial Virus (RSV), Adenovirus and Parainfluenza 1, 2 and 3. For other inquiries, please contact the H1N1(Swine) Influenza Information Line at 222-8022.

Surveillance:

Due to the increase in outbreak clusters in all five Rhode Island counties, H1N1 Influenza is now considered to be widespread throughout the state. HEALTH has seen an increase in both sporadic cases and outbreak clusters, including in schools. Rhode Island and national surveillance data indicate increased infections in children, increased infections in

individuals with chronic medical conditions, and a generally higher hospitalization rate of those infected. Although most illness in Rhode Island has been mild, compared to seasonal influenza, there is an increase in the number of hospitalizations.

As of June 10, 2009 at 2 p.m., we have 59 confirmed positive cases. HEALTH has tested more than 331 patients for swine flu of which the majority are not influenza A or H1N1 (swine) flu. Confirmed case definition: a case with a positive H1N1 swine flu specific PCR test.

Providers, please advise patients:

1. If you or your child is ill (acute respiratory illness, especially including fever and respiratory symptoms beyond the individual's usual seasonal allergy symptoms if applicable), use measures to cover coughs in a public setting.
 - a. Methods of covering coughs can include a surgical mask or a scarf (or similar cloth that would decrease the spread of droplets with coughing).
 - b. Patients should avoid public settings, especially crowded areas as much as possible if they are ill.
2. If you or your child is ill (acute respiratory illness), the ill individual should not visit others (i.e. do not go to work, visit others at the hospital, or mass gatherings) except to seek medical attention if necessary.
3. If you have mild influenza like illness, do not visit the doctor unless symptoms worsen.
4. **Patients should stay at home for 7 days or until symptoms have resolved for at least 24 hours, whichever is longer. Adult patients who will not follow this advice should be counseled to limit exposure to others, cough etiquette, etc.**
5. **Caregivers of patients with ILI can be referred to interim guidance on caring for a sick person at home on the HEALTH website:**
<http://www.health.ri.gov/pandemicflu/swineflu/Advisory/InfectionControlHome050109%20.pdf>
6. If you have been exposed to someone with ILI but you are NOT ill you can continue or return to work.
7. If you have traveled to a community with one or more confirmed cases of H1N1 (swine) influenza, but you have no acute respiratory illness, you can continue working or return to work.

Guidance for Providers

1. **Testing for H1N1 is unnecessary to diagnose ILI; use clinical judgment to reserve treatment for ILI for moderate to severe cases and testing for severe cases. Mild ILI cases are encouraged to stay at home, with the exception of young children, pregnant women and immune suppressed. Note: The rapid test for influenza A has poor sensitivity for H1N1 (swine) influenza.**
2. School-aged children diagnosed with ILI must be excluded from school for 7 days from onset of symptoms or until asymptomatic for 24 hours, whichever is longer.
3. Those who are considered at high-risk for complication of H1N1 Influenza by CDC include:
 - a. Children younger than 5 years old. The risk for severe complications from seasonal influenza is highest among children younger than 2 years.
 - b. Anyone age 65 or older.
 - c. **Pregnant women**
 - d. Those with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological (including sickle cell disease), neurologic, neuromuscular, or metabolic disorders (including diabetes mellitus)
 - e. Immunosuppression, including that caused by medications or by HIV
 - f. Persons younger than 19 years of age who are receiving long-term aspirin therapy
 - g. Residents of nursing homes and other chronic care facilities

4. Please remember to review clinical guidance and advisories posted on HEALTH's website. Any guidance that is revised or updated will be date stamped for easier reference. **New guidance and advisories posted in the last week include:**
 - a. **Guidance for Preventing the Spread of H1N1 Influenza in the Workplace**
(<http://www.health.ri.gov/pandemicflu/swineflu/Advisory/WorkplaceGuidance060809.pdf>)
5. Nationally, risk factors for hospitalization of patients with ILI are asthma, COPD, diabetes, immunosuppression, cardiovascular disease and pregnancy. Ninety percent of those who are hospitalized have one or more of these conditions.
6. **Please remember to mask patients who arrive at your office with question of ILI and follow your office-specific protocols for in-office patients with ILI. Please see interim guidance on office protocols on the HEALTH website:**
<http://www.health.ri.gov/pandemicflu/ProviderAdvisory/050109advisory.pdf>
7. **Providers and healthcare staff with close, face-to-face patient encounters should wear Personal Protective Equipment (PPE)**, including surgical mask or N-95 respirator mask, if available. Please see interim guidance on masks on the HEALTH website:
<http://www.health.ri.gov/pandemicflu/swineflu/provider.php>
8. Similar to usual indications, please make sure that pneumococcal vaccinations are updated appropriately.